1297798

SEC 1972 Potential persons who are to respond to the collection of information contained in (6/99) this form are not required to respond unless the form displays a currently valid MOMB control number:

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

PROCESSED

FORM D

JUL 22 2004

THOMSON FINANCIAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden hours per response 1

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Name of Offering (check if this	s an amendment and name has changed, and indicate change.)
Ronny Doon Engineerin	g, Inc. Common Stock
Filing Under (Check box(es) th apply):	at [계 Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE
Type of Filing: [x ] New Filing	[ ] Amendment  A. BASIC IDENTIFICATION DATA
Enter the information reques	
Commence of the Commence of th	an amendment and name has changed, and indiciate change.)
Bonny Doon Engineerin	
Address of Executive Offices (Including Area Code)	(Number and Street, City, State, Zip Code) Telephone Number
250 Tassett Court, Sai	nta Cruz, CA 95060 (831) 423-1023
Address of Principal Business (Including Area Code) (if different from Executive Office	Operations (Number and Street, City, State, Zip Code) Telephone Number es)
Brief Description of Business	
Manufacture of equipme	ent for metal crafts
Type of Business Organization	
[x ] corporation	[ ] limited partnership, already formed [ ] other (please specify):
[ ] business trust	[ ] limited partnership, to be formed

Month Year

Actual or Estimated Date of Incorporation or Organization: [0][3][9]1] [x] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
" CN for Canada; FN for other foreign jurisdiction) [7][4]

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[x] Promoter [x] Beneficial Owner	[対 Executive Officer	k] Director [ ] General and/or Managing Partner
		The state of the s	The state of the s

Full Name (Last name first, if individual)

Marshall, Lee

Business or Residence	e Address (Number and Street,	City, State, Zip Code	)
250 Tassett ∙Co	urt, Santa Cruz, CA 950	)60	
Check Box(es) that Apply:	[k] Promoter [x] Beneficial Owner	[걔] Executive Officer	[x] Director [ ] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Kern-Marshall,	Marjorie		
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)
250 Tassett Con	ırt, Santa Cruz, CA 950	160	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Business or Residenc	e Address (Number and Street,	City, State, Zip Code	)
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Business or Residence	e Address (Number and Street,	City, State, Zip Code	)
(Use blar	k sheet, or copy and use add	itional copies of this	s sheet, as necessary.)

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		uer sold	, or does				, to non-a			ors in this	Y Y	es No
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							e SEC a				s. list	
the na	me of th	ie broke	r or dea	ler. If mo	ore than	five (5) p	ersons t	o be liste	d are as	sociated		
perso	ns of suc	ch a bro	ker or de	ealer, yo	u may s	et forth t	he inform	nation for	that bro	ker or de	aler	
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Full Na	ame (Las	st name	TIFST, IF IF	idividua	1)							
Busine	ess or Re	esidence	- Addres	s (Num	her and	Street C	City, State	e Zin Co	de)			
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Name	of Assoc	ciated B	roker or	Dealer								
States	in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solicit	Purchas	ers		<u></u>	
(Che	ck "All	States	" or ch	eck inc	lividual	States	s)			[	] All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[00]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[NT]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Las	st name	first, if ir	ndividua	l)							
Busine	ess or Re	esidence	e Addres	s (Num	ber and	Street, C	ity, State	e, Zip Co	de)			
						,	• ,					
Name	of Asso	ciated B	roker or	Dealer								
States	in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solicit	Purchas	ers			
(Che	ck "All	States	" or ch	eck inc	lividual	States	i)			[	] All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[NI]	[IA]	[KS]	[KY]	ILA1	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]

[NM]

[UT]

[NY]

[VT]

[NC]

[VA]

[ND]

[WA]

[HO]

[WV]

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[W]

[OR]

[WY]

] All States

[PA]

[PR]

http://www.sec.gov/smbus/forms/formd.htm

[TM]

[RI]

[NE]

[SC]

[NV]

[SD]

Name of Associated Broker or Dealer

Full Name (Last name first, if individual)

[NH]

[TN]

[NJ]

[TX]

Business or Residence Address (Number and Street, City, State, Zip Code)

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

[AL]	[AK] [AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NH]	[NJ]	[NM]	[NY]	[NC]		[OH]	[OK]	[OR]	[PA]
	-,						• •		• •		
[RI]	[SC] [SD]	[TN]	[TX]	' [UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)										
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS										
and the If the tr the col	er the aggregate e total amount a ransaction is an lumns below the y exchanged.	lready so exchang	old. Ente je offerii	er "0" if a	inswer is k this bo	"none" o x " and ir	or "zero." ndicate in	)			
т,	yno of Sogurity								gregate	Amo	unt Already Sold
	ype of Security ebt							\$	ring Price 0	\$	0
	guity							\$ <u>56,</u>			6,588
		Comr					•••	Ψ <u>.307</u>	500	Ψ <u>-</u>	07300
C	د. onvertible Secu	•						\$	0	\$	0
	artnership Intere		-					\$	0	\$	0
	•							\$	0	\$	0 -
	Total							\$ 56,	588	\$ 5	6,588
	Answer also i										
person	urchases. For o	chased s	ecuritie	s and th	e aggreg	ate dolla	r amoun	t			
								Numbe		Dolla of Pu	egate r Amount irchases
	ccredited Invest				•••••		•	2			6,588
N	on-accredited Ir	ivestors				•••••	•	0		_\$	0
-	Total (for filings	under Rı	ule 504	only)		• • • • • • • • • • • • • • • • • • • •		2		\$ 50	6,588
	Answer also i	n Append	dix, Colu	ımn 4, if	filing un	der ULO	≣.				
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.											
T	ype of offering							Туре	of Security	Dolla Sold	r Amount
	tule 505							n	/a	\$	0
	egulation A								/a	_ \$	0
	ule 504								/a	\$	0
-	Total								/a	_\$	0

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$0
Printing and Engraving Costs	[]\$ 100
Legal Fees	[]\$1,500
Accounting Fees	[]\$0
Engineering Fees	[]\$0
Sales Commissions (specify finders' fees separately)	[]\$_0
Other Expenses (identify)	[]\$
Total	[]\$ 1,600

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ............

54,988

Payments to

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Offi Dire	cers, ectors, & liates	Pay	ments ers
Salaries and fees	[] \$	0	[]	0
Purchase of real estate	[] \$	0	[] _\$	0
Purchase, rental or leasing and installation of machinery and equipment	[] \$	0	[]	0
Construction or leasing of plant buildings and facilities	[] \$	0	[] \$	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	0	[]	0
Repayment of indebtedness	[] \$	0	[] _\$	0
Working capital	[] \$_	0	[] _\$	2,000
Other (specify): Some of the consideration consisted	[] \$	0`_	[] \$ 5	2,988
of equipment, inventory, and other assets of a sole proprietorship.	[]	0	[] \$	0
Column Totals	[] \$	0	[]	54 <b>,</b> 988_
Total Payments Listed (column totals added)	´	[]\$	54,9	

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is

filed under <u>Rule 505</u> , the following signature con Securities and Exchange Commission, upon wri to any non-accredited investor pursuant to parag	itten request of i	ts staff, the informati				
			· .			
Issuer (Print or Type)	Signatu	ure	Date			
Bonny Doon Engineering, Inc.	Su	Marshell	2 7-6-04			
Name of Signer (Print or Type)	Signer (Print or Type					
Lee Marshall President						
· · · · · · · · · · · · · · · · · · ·	ATTENTION					
Intentional misstatements or omissions	s of fact consti	tute federal crimina	al violations. (See 18			
L <u> </u>	U.S.C. 1001.)					
Tr. C'Tr	ATE CICNIA	TIDE				
E. 51.	ATE SIGNAT	UKE				
1. Is any party described in 17 CFR 230.262 pre						
See Appendix,						
2. The undersigned issuer hereby undertakes which this notice is filed, a notice on Form I law.						
3. The undersigned issuer hereby undertakes request, information furnished by the issuer		the state administra	ators, upon written			
4. The undersigned issuer represents that the satisfied to be entitled to the Uniform limite notice is filed and understands that the issue burden of establishing that these conditions	ed Offering Exe or claiming the	emption (ULOE) o availability of this	f the state in which this			
The issuer has read this notification and kno to be signed on its behalf by the undersigned			s duly caused this notic			
Issuer (Print or Type)		Signature	Date			
Name of Signer (Print or Type)		Title (Print or Typ	pe)			
Instruction:						

http://www.sec.gov/smbus/forms/formd.htm